

Thank you for your consideration and very helpful, thorough reviews. After addressing the reviewer and editorial comments, we believe it has made the manuscript stronger. We have addressed each point below:

Reviewer #1

No specific edits requested.

Reviewer #2

1. The number of patients is relatively small, which, for example, excludes the possibility of a separate analysis of total graft failure (11/294) versus death censored graft failure (2/294). Certainly, the number of patients is adequate for evaluating DGF since this occurred in 26.8% of them. However, the number of patients is inadequate for assessing graft failure since this happened in only 11(3.7%) of them. The authors should note this limitation.

Response: Text has been added to the manuscript to acknowledge this limitation

“(iv) **The study sample size was relatively small therefore limiting the possibility of separate analysis of outcome variables other than DGF, such as graft failure, which only occurred in 3.7% (11/294) of the population,**

2. Additionally, various non-evaluated factors during the one-year postoperative period, such as immunosuppressive levels, patient compliance, and others, may have affected graft survival. And we do not know whether these factors were distributed equally between the two groups. The authors should note this limitation too.

Response: Text has been added to the manuscript to acknowledge this limitation.

(v) Variations in individual patient adherence to immunosuppression regimens was not captured but may have contributed to graft outcomes.

3. There are some type errors: a. “All patients received induction immunosuppression therapy with IV basiliximab (20mg, 2 doses), rabbit antithymocyte globulin (1mg/kg daily, 3 doses), and methylprednisolone (500mg, 3 doses).” Did the patients receive both basiliximab and rabbit anti-thymocyte globulin?

Response: All patients received both basiliximab and rabbit anti-thymocyte globulin. The text has been updated to better clarify this protocol. A reference by Sageshima et al is included, which previously described this approach.

All patients received induction immunosuppression with three immunosuppressive agents each: IV basiliximab (20mg, 2 doses), rabbit antithymocyte globulin (1mg/kg daily, 3 doses), and methylprednisolone (500mg, 3 doses)^[23].

4. In table 2, there are two “Baseline MAP<100 mmHg, n%” rows, and only one is correct.

Response:

We deleted the row “Baseline MAP<100 mmHg”

Reviewer #3

No specific edits requested.

Science editor:

1. The authors need to provide the informed consent and fill out the STROBE checklist with page numbers.

Response: The requirement for informed consent was waived by the institutional review board due to the retrospective nature of the study design. The text of the methods section has been updated to reflect this fact. The STROBE checklist has now been completed and submitted.

“The requirement for informed consent was waived by the institutional review board.”

2. I found the authors did not add the PMID and DOI in the reference list. Please provide the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references.

Response: The text has been updated to reflect PMID and DOI in the reference list.

3. I found the authors did not write the “article highlight” section. Please write the “article highlights” section at the end of the main text.

Response: The text has been updated to include an “article highlight” section.

4. The author should number the references in Arabic numerals according to the citation order in the text. The reference numbers will be superscripted in square brackets at the end of the sentence with the citation content or after the cited author’s name, with no spaces.

Response: The text has been updated to reflect this format: superscripted in square brackets at the end of the sentence with the citation content or after the cited author’s name, with no spaces.

5. Please don’t include any *, #, †, §, ‡, ¥, @....in your manuscript; Please use superscript numbers for illustration; and for statistical significance, please use superscript letters. Statistical significance is expressed as aP < 0.05, bP < 0.01 (P > 0.05 usually does not need to be denoted). If there are other series of P values, cP < 0.05 and dP < 0.01 are used, and a third series of P values is expressed as eP <

0.05 and $fP < 0.01$.

Response: The text has been updated to reflect this format.